

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09780653
APPLICANT(S)

FILING DATE
02-09-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6	1					
7	1					
8	1					
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	2	2	2	2	2	2
TOTAL CLAIMS	8					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			